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|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>119544.0101     |          |
| Application Number<br>10/816,850  |            | Filed<br>April 5, 2004                      |          |
| For ENVIRONMENTALLY FRIENDLY POULTRY LITTER FERTILIZER  |            |   |          |
| Art Unit<br>1761  |            | Examiner<br>C. D. Sayala                    |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 60.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                       | \$       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                                       | \$       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                       | \$       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                      | \$       |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-2185. I have enclosed a duplicate copy of this sheet. |            |   |          |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 48,443   |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |            |   |          |
| _____<br>Signature  |            | December 4, 2007<br>Date                    |          |
| _____<br>Brian W. Higgins<br>Typed or printed name  |            | _____<br>(202) 772-5800<br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                         |            |   |          |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |          |

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